











TRICARE® Prime Service Area Reductions

INFORMATION FOR TRICARE PRIME® RETIREES AND FAMILY MEMBERS

As of October 1, 2013, TRICARE Prime will no longer be available to beneficiaries living in certain areas. Prime Service Areas (PSAs) are geographic areas where TRICARE Prime is offered. PSAs were created to ensure medical readiness of the active duty force by augmenting the capability and capacity of military hospitals and clinics. The affected PSAs are not close to existing military hospitals or clinics and have never augmented care around military hospitals or clinics or Base Realignment and Closure (BRAC) locations.

TRICARE beneficiaries affected by the PSA reduction will be able to use TRICARE Standard, a highly rated option that offers the freedom to see your current provider or any TRICARE-authorized provider for routine or specialty care. TRICARE Standard has deductibles and cost-shares, but enrollment is not required, and there are no annual enrollment fees and no cost-shares for many preventive services such as flu shots and cancer screenings. Your TRICARE Prime coverage remains available through the end of September 2013 as long as your enrollment fees are paid, you do not disenroll early, and you do not lose eligibility. The change does not affect your TRICARE pharmacy benefit.

Find the latest information about PSA reductions and sign up for e-mail updates: www.tricare.mil/psa

Research Your Health Care Options

Depending on your location, you may be able to reenroll in TRICARE Prime at a military treatment facility, with a primary care manager in a remaining PSA, or in the US Family Health Plan. This may require you to drive farther for non-emergency care such as routine primary or specialty care. Please consider this decision carefully as being close to your health care team offers the safest access to care. If you are eligible to reenroll, you must submit a new TRICARE Prime Enrollment Application and Primary Care Manager (PCM) Change Form (DD Form 2876). If you wish to select and start using a new primary care manager before October 1, you may do so at any time, as long as your form is received by August 20, 2013. If you wish to start using a new primary care manager on October 1, your form must be received by your regional contractor starting July 3, 2013, and no later than August 20, 2013. You must

waive your drive-time standards by signing Section V. Your regional contractor can provide additional information on PSAs, the reenrollment process, and available providers. For contact information, see the *For Information and Assistance* section of this brochure.

As you prepare for this upcoming change to your TRICARE coverage, you may want to research additional health insurance options, such as through your employer or with your spouse, to find out timing and other requirements for joining a new health care plan. TRICARE is last payer to most other health and insurance plans, excluding Medicaid, TRICARE supplements, and the Indian Health Service. If you purchase other health insurance (OHI), you must follow the OHI's rules and file the claim with the OHI first. After payment by your OHI, you may file a claim with TRICARE for possible reimbursement of any remaining costs. Visit www.tricare.mil/claims and www.tricare.mil/ohi for more information.

TRICARE Standard and TRICARE Extra

Under TRICARE Standard and TRICARE Extra, there are no enrollment forms, fees, or premium payments. There is an annual deductible and cost-shares for most services, but the annual cap on how much you will have to pay in case of catastrophic health care expenses remains the same—\$3,000 for retirees and their family members—regardless of plan.

- A deductible is the total amount you pay out of pocket each fiscal year before TRICARE pays anything.
- A cost-share is the percentage or portion of costs you pay for inpatient or outpatient care.

For more information on costs, see page 4 of this brochure.

TRICARE Standard allows you to manage your own health care and gives you the freedom to seek care from any

TRICARE-authorized provider you choose. Check with your current providers to see if they will continue to see you as a TRICARE Standard beneficiary.

The key difference between TRICARE Standard and TRICARE Extra is in your choice of providers. With TRICARE Standard, you choose TRICARE-authorized, non-network providers and pay a cost-share. With TRICARE Extra, you choose providers within the TRICARE network, where available, and pay a lower cost-share. For details, visit www.tricare.mil/standard.

Sponsors should ensure family members have up-to-date uniformed services identification cards, and that they are properly registered in the Defense Enrollment Eligibility Reporting System (DEERS). Visit www.tricare.mil/deers for more information.

TRICARE Provider Types and Claims Filing

Unlike TRICARE Prime, under TRICARE Standard and TRICARE Extra you are not enrolled to an assigned primary care manager. You have the freedom to see any TRICARE-authorized provider you choose for routine or specialty care. Understanding the different types of TRICARE-authorized providers will help you decide whether to use TRICARE Standard or TRICARE Extra. TRICARE-authorized providers meet TRICARE licensing and certification requirements to provide care to TRICARE beneficiaries. Your regional contractor can help you find a provider. The chart below provides a brief overview of TRICARE provider types.

TRICARE-Authorized Providers

- TRICARE-authorized providers meet TRICARE licensing and certification requirements. TRICARE-authorized providers may include doctors, hospitals, ancillary providers (*laboratories and radiology centers*), and pharmacies who meet TRICARE requirements. If you see a provider who is not TRICARE-authorized, you are responsible for the full cost of care; TRICARE cannot share the cost.
- There are two types of TRICARE-authorized providers: **network** and **non-network**.

You are using the TRICARE Extra option when you visit a network provider. Non-Network Providers TRICARE-authorized non-roution when you visit a network provider.

 Using a TRICARE network provider is your least costly option.

- Regional contractors have established networks, even in certain areas far from military treatment facilities.
- TRICARE network providers:
 - Have a signed agreement with your regional contractor to provide care
 - Agree to accept payment directly from TRICARE and accept the TRICAREallowable charge (less any applicable patient cost-shares paid by you) as payment in full for their services
 - Agree to file claims for you

TRICARE-authorized non-network providers do not have a signed agreement with your regional contractor and are considered "out of network."

• There are two types of TRICARE-authorized non-network providers: **participating** and **nonparticipating**.

Participating

- Using a participating provider is your least costly option if you are seeing a TRICARE-authorized non-network provider.
- Participating providers:
 - May choose to participate on a claim-by-claim basis
 - Have agreed to accept payment directly from TRICARE and accept the TRICARE-allowable charge (less any applicable patient cost-shares paid by you) as payment in full for their services

Nonparticipating

- If you visit a nonparticipating provider, you may have to pay the provider first and later file a claim with TRICARE for reimbursement.
- Nonparticipating providers:
 - Have not agreed to accept the TRICARE-allowable charge or file your claims
 - Have the legal right to charge you up to 15 percent above the TRICARE-allowable charge for services (*You are responsible for paying this amount in addition to any applicable patient cost-shares.*)¹

^{1.} Note that overseas, there is no limit to the amount that nonparticipating non-network providers may bill, and you are responsible for paying any amount that exceeds the TRICARE-allowable charge. Visit www.tricare.mil/overseas for more information.

Invite a Provider to Become TRICARE-Authorized

If you want to see a provider who is not TRICARE-authorized but is interested in treating TRICARE beneficiaries, let him or her know that providers with a valid professional license (issued by a state or a qualified accreditation organization) can become TRICARE-authorized and TRICARE will pay them directly for covered services they provide to you. Visit www.tricare.mil/findaprovider and click "Invite a Provider to Join TRICARE" to download a flyer to give to your doctor. The flyer explains the benefits of being TRICARE-authorized and includes information about the authorization process.

Clinical Preventive Services at No Cost

TRICARE covers clinical preventive services for all beneficiaries. Under TRICARE Standard and TRICARE Extra there are no cost-shares for cancer screenings, immunizations, and well-child visits for children before reaching age 6. Note that there are age and frequency limitations. Cost-shares apply for other preventive services. Visit www.tricare.mil/preventivecare for additional guidance.

Prior Authorizations

Although you do not need referrals to receive care under TRICARE Standard or TRICARE Extra, some services may require prior authorization. For details about prior authorization requirements, you can contact your regional contractor.

Filing Claims

If you receive care from a non-network provider using TRICARE Standard, you may be required to file your own claims. When you use TRICARE Extra, the network provider files claims for you. Either way, you are ultimately responsible to make sure claims are processed and paid, as reflected in your TRICARE explanation of benefits. Claims must be submitted to your regional contractor's claims processor. For more information, visit www.tricare.mil/claims.

Surviving Spouses and Children

If you are a surviving spouse more than three years after the death of your active duty sponsor, you are eligible for TRICARE benefits as a retiree family member, and your current TRICARE Prime enrollment will end on September 30, 2013. You may be able to reenroll in TRICARE Prime at a military treatment facility, with a primary care manager in a remaining PSA, or in the US Family Health Plan. You may also use the highly rated TRICARE Standard health plan option. Surviving children are always considered "transitional survivors." They are treated like active duty family members and can remain enrolled in TRICARE Prime, as long as they continue to live in the same location, until they otherwise lose eligibility for TRICARE. Please contact your regional contractor for more help understanding how these changes will affect you.

TRICARE Young Adult Prime

TRICARE Young Adult (TYA) Prime enrollees who have retired sponsors and who reside in affected PSAs may be able to waive their drive-time standards and fill out a new *TRICARE Young Adult Application* (DD Form 2947) to reenroll in TYA Prime at a military treatment facility, with a primary care manager in a remaining PSA, or in the US Family Health Plan. Those who do not reenroll in TYA Prime can purchase coverage under TYA Standard. You will need to submit a *TRICARE Young Adult Application* (DD Form 2947) to your regional contractor to change your enrollment to TYA Standard. If no application for TYA Prime or TYA Standard is received, TYA coverage will end on September 30, 2013.

Prime Travel Benefit Program

If you are currently using the Prime Travel Benefit Program (PTBP) for specialty care more than 100 miles from your PCM's office, it is important to know that disenrollment from TRICARE Prime will make you ineligible for the PTBP. Only claims for services received before the TRICARE Prime disenrollment effective date will be reimbursed.













Costs

You may experience a net increase in health care costs when you move from TRICARE Prime to TRICARE Standard and TRICARE Extra, depending on how you or your family utilizes the health care system. However, no matter which plan you use, remember that the maximum out-of-pocket expense you pay each fiscal year (*October 1–September 30*) will not change. The catastrophic cap—the maximum out-of-pocket expense beneficiaries pay each fiscal year for TRICARE-covered services—is \$1,000 for active duty family members and \$3,000 for retirees, their family members, and survivors, whether you use TRICARE Prime or TRICARE Standard and TRICARE Extra.

With TRICARE Standard and TRICARE Extra, you will not pay enrollment fees but you will begin paying annual deductibles, which are determined on a fiscal year (*October 1–September 30*) basis. Annual deductibles for retirees are \$150 per individual and \$300 per family. Cost-shares for outpatient visits under TRICARE Standard and TRICARE Extra are shown in the chart to the right. For more information about all TRICARE costs, visit www.tricare.mil/costs.

| | TRICARE Standard ¹ | TRICARE Extra |
|--|--|---|
| Provider type | TRICARE-authorized, non-network | TRICARE-authorized, TRICARE network |
| Outpatient cost-share, after deductible is met | Retirees and their family members: 25% of the TRICARE-allowable charge | Retirees and their family members: 20% of the negotiated rate |

Nonparticipating providers in the United States may also charge up to 15 percent above the TRICARE-allowable charge. You are responsible for paying this amount.

For Information and Assistance

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| Health Net Federal Services, L | | |

1-877-TRICARE (1-877-874-2273) www.hnfs.com

TRICARE South Region

Humana Military, a division of Humana Government Business 1-800-444-5445 Humana-Military.com

TRICARE West Region

UnitedHealthcare Military & Veterans 1-877-988-WEST (1-877-988-9378) www.uhcmilitarywest.com

US Family Health Plan 1-800-74-USFHP (1-800-748-7347) or www.usfhp.com

An Important Note About TRICARE Program Information

At the time of publication, this information is current. It is important to remember that TRICARE policies and benefits are governed by public law and federal regulations. Changes to TRICARE programs are continually made as public law and/or federal regulations are amended. Military treatment facility guidelines and policies may be different than those outlined in this product. For the most recent information, contact your TRICARE regional contractor, TRICARE Service Center, or local military treatment facility.

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